

## STATE OF MICHIGAN **DEPARTMENT OF HUMAN SERVICES** LANSING



## REQUEST FOR CENTRAL REGISTRY CLEARANCE

INSTRUCTIONS: Complete the following information and submit request to your "LOCAL" Department of Human Services Office.

Lam requesting that DHS provide me with a Central Registry Clearance on myself

Today's Date			
Name			
Birthdate	Social Security Numb	Social Security Number	
Current Mailing Address (Street No. and Name)	I		
City	State	Zip Code	
Current Phone Number			
Other Names By Which Known			
Signature of Requestor	Signature of DHS Str	aff Person Completing Request	
- 3		gg	
	Department of Huma	an Services (DHS) will not discriminate against an	

AUTHORITY: State P.A. 238 of 1975, 722.627, Sec. 7(f) RESPONSE: Voluntary

PENALTY: Inappropriate release of this information is a misdemeanor.

individual or group because of race, sex, religion, age, national origin, color, height, weight, marital status, political beliefs or disability. If you need help with reading, writing, hearing, etc., under the Americans with Disabilities Act, you are invited to make your needs known to a DHS office in your area.